



P.O. Box 15275

Sacramento, CA 95851-0275

**Internet Version**

STATE TEACHERS' RETIREMENT SYSTEM

P.O. BOX 15275 Sacramento, CA 95851-0275

Toll free 1- (800) 228-5453

or (916) 229-3870

TDD Hearing Impaired (916) 229-3541

**DIRECT DEPOSIT AUTHORIZATION**

MS1130 (Rev. 2/96)

**Instructions and Privacy Notice are on the reverse side of this form. Please type or use ball point pen. Print Clearly. To cancel DIRECT DEPOSIT use form MS 786 (Home Address Change Request)**

<b>ENROLLMENT ACTION</b>		<input checked="" type="checkbox"/> One	<b>Complete all sections:</b>	
Type of Action	<input type="checkbox"/>	New	<input type="checkbox"/>	Change

<b>PAYEE INFORMATION</b>		See Reverse for important address information	
Social Security Number		Phone Number	
Name	First	Initial	Last
Home Mailing Address		Number	Street Apt.#
City		State	Zip

<b>ACCOUNT INFORMATION</b>		See reverse for information on routing and account numbers.	
Type of Account	<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account	
Routing Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account Number	
Financial Institution			
Financial Institution Address		P.O. Box	City State Zip

<b>AUTHORIZATION</b>		<b>Read, sign, date, and return to STRS.</b>
<p>I hereby authorize the State Teachers' Retirement System to transmit any benefits due me by DIRECT DEPOSIT to the above designated account.</p> <p>If at any time the amount of benefits deposited exceeds the amount of benefits actually due and payable to me, I hereby authorize the State Teachers' Retirement System to either:</p> <p>(a) Withhold a sum equal to the overpayment from future benefits; or</p> <p>(b) Recover such overpayment from the above-designated account.</p> <p>This authorization remains in full force and effect until State Teachers' Retirement System receives written notification from me of its termination or when benefits are no longer payable.</p>		
SIGNATURE		DATE

Attach a voided check here.

# INSTRUCTIONS

## DIRECT DEPOSIT AUTHORIZATION

### ACCOUNT INFORMATION – Checking Account –

**Routing Number-** Your financial institution's routing number is printed on the bottom left hand portion of your personal checks (the first 9 digits). See examples 1 and 2.

**Account Number** - Your account number is printed on the bottom of your checks following the routing number. It may be the series of numbers followed by your check number (example 2), or it may be the series of digits which follow your check number (example 1). NOTE: The check number is not part of the account number.

Example 1

Your Name	Check No. 4444
Address	
Pay to the Order of _____	
zxzzx112145678	xzx 4444 xzx 8765432109812
Routing No.	Ck. No. Payee Acct. No.

Example 2

Your Name	Check No. 4444
Address	
Pay to the Order of _____	
zxzzx112145678	xzx 8765432109812 xzx 4444
Routing No.	Payee Acct. No. Ck. No.

The number of figures in an account number varies from institution to institution. If you are unsure of which numbers are which on your checks, please contact your financial institution for assistance. **Attach a voided personal check to the front, lower left portion of this authorization. This will aid in verifying your account and routing numbers.**

### ACCOUNT INFORMATION – Savings Account –

Obtain your routing and account numbers from your financial institution.

### GENERAL INFORMATION

Send the completed DIRECT DEPOSIT Authorization (MS1130) to: **State Teachers' Retirement System (STRS), P.O. Box 15275, Sacramento, CA 95851-0275.**

**Your first payment will be deposited into your account within 30 to 60 days after the authorization is received by STRS.** A DIRECT DEPOSIT Advice will be mailed to your home address each month. Please inform STRS of any change in your home mailing address.

Your DIRECT DEPOSIT will continue to be deposited into your designated account until STRS is notified in writing that you wish to change your account and/or financial institution. **DO NOT CLOSE YOUR OLD ACCOUNT UNTIL YOUR FIRST PAYMENT IS DEPOSITED INTO YOUR NEW ACCOUNT.**

**IF YOUR HOME ADDRESS IS NEW:** If your home address is outside California and you do not submit a new form AD 0908 (Tax Withholding Preference Certificate), STRS will discontinue withholding state tax from your benefit. If you are moving from another state to California and do not submit an AD 0908, STRS will withhold state tax from your benefit at the rate for married persons with three exemptions.

### PRIVACY NOTICE

State Teachers' Retirement System (STRS) is authorized by Section 24604 of the California Education Code to collect and use the information requested on this form for the purposes of identification and enrollment processing for payment of benefits by DIRECT DEPOSIT. The information collected on this form will be disclosed to the State Controllers' Office, an originating financial institution, and the Federal Reserve Bank for the purpose mentioned. It is mandatory to furnish all information on this form except for financial institution name, address, and branch number or name. Failure to provide the mandatory information may result in non-enrollment of your DIRECT DEPOSIT, or could cause the enrollment to be processed incorrectly. You have the right to review the file maintained on you by this agency upon proper identification. You may contact the Information Practices Coordinator through the STRS Public Service Unit at (916) 229-3870 or Toll Free 1-800-228-5453, or by writing to: STRS, P.O. Box 15275, Sacramento, CA 95851-0275.